

NOTICE RE: CERTIFICATES OF CORRECTION

DATE : 02/25/2002
TO : Supervisor, Art Unit 2610
SUBJECT : Certificate of Correction Request in Patent No.: 6208871

Paper No.: _____

A response to the following question(s) is requested with respect to the accompanying request for a certificate of correction.

1. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, constitute new matter or require reexamination of the application?
2. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, materially affect the scope or meaning of the claims allowed by the examiner in the patent?
3. Applicant disagrees with change(s) initialed and dated by Examiner in lieu of an Examiner's Amendment. Should the requested changes be granted?
4. With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction?
5. If the amendment filed _____, had been considered by the Examiner, would the amendment have been entered?

**PLEASE COMPLETE THIS FORM AND
RETURN WITH FILE, WITHIN 7 DAYS,**

TO CERTIFICATES OF CORRECTION BRANCH - PK 3-915/922

PALM LOCATION 7580 - TEL. NO. 305-8309

THANK YOU FOR YOUR ASSISTANCE!

Note your decision, regarding the changes requested in the Request for Certificate of Correction, by placing a check mark (✓) in the box that reflects your decision, which corresponds to the question(s) checked above. If any changes should not be made, (✓) the "Comments:" box, specifically note changes that should and should not be made and reason(s) why any change should not be made.

- | | | | | |
|--------------------------|--------|--------------------------|----|---|
| <input type="checkbox"/> | 1. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> | 2. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> | 3. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> | 4. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> | 5. YES | <input type="checkbox"/> | NO | <input type="checkbox"/> Comments below |

Comments: _____

Supervisor

Art Unit